

MULTI-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/537741

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	10		10			
TOTAL DEP.	18	↙	18	↙	↙	↙
TOTAL CLAIMS	28	██████████	28	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↖		↖	↖
TOTAL CLAIMS			██████████		██████████	██████████